

MEMORANDUM

To: Local Board of Health

From: John Bernardo, MD, Tuberculosis Medical Officer
Jennifer Cochran, MPH, Division Director
Division of Global Populations and Infectious Disease Prevention
Bureau of Infectious Disease and Laboratory Sciences
Department of Public Health

Re: Guidance for follow-up of newly-arrived individual with **Class B1 Tuberculosis - Pulmonary Tuberculosis, Completed treatment**

An immigrant or refugee with a ***Class B1 Tuberculosis (TB) Pulmonary TB, Completed treatment*** condition has recently arrived from overseas and settled in your area.

Class B1 TB, Pulmonary TB, Completed treatment is assigned to persons who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration.

Evaluation by public health is required for all individuals with Class B1 TB conditions. This evaluation should be done within 30 days after arrival in the U.S., if possible.

[CDC Technical Instructions](#) provide guidance for the overseas medical examination and specifications for classifying TB conditions. The Massachusetts Department of Public Health (MDPH) requests your cooperation and assistance by completing the following:

- 1) Follow the ***Class B1 TB, Pulmonary TB, Completed treatment*** instructions on the attached guidance, “LBOH and TB Clinic Procedures” for evaluation of this immigrant or refugee.
- 2) Forward all of the enclosed/attached documents to the TB clinic prior to the scheduled visit.
<http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf>
- 3) Follow up with the TB clinic after the scheduled appointment to obtain a copy of the initial evaluation clinic form and the CDC Follow-up Worksheet. If the patient misses the appointment, please contact him/her and reschedule the appointment.
- 4) **Return the completed CDC Follow-up Worksheet and Initial Clinic Evaluation to the MDPH Division of Global Populations and Infectious Disease Prevention.**
- 5) Consider any other recently-arrived family or household members to also be at risk for TB infection and, if they were not evaluated overseas, use this opportunity to administer a tuberculin skin test (TST) or interferon-gamma release assay (IGRA). If the TST is positive (≥ 10 mm induration) or the IGRA is positive, report them to MDPH and refer them to a TB clinic for a medical evaluation, chest radiograph, and treatment options.

Enclosed/attached documents include:

- 1) The individual's overseas medical examination reports including TB evaluations, which has documentation of chest X-rays (CXR), sputum smear, culture and drug sensitivity test results, treatment records, and TST or IGRA, when indicated, for the individual arrival;
- 2) The CDC "Follow-up Worksheet" form with demographics and destination address filled in, and worksheet guidelines;
- 3) The LBOH and TB clinic follow-up procedures for ***Class B1 TB, Pulmonary TB, Completed treatment*** condition;
- 4) Detailed instructions for completing the domestic evaluation and documenting the findings on the form.

A Community Health Worker will be assigned to the arrival as available. If you have any questions or need assistance with outreach, please contact the Division of Global Populations and Infectious Disease Prevention (617-983-6970). Please refer to the overseas documents attached to determine if this arrival is an immigrant or refugee.

Please return "Follow-up Worksheet" and clinic forms to:

Division of Global Populations and Infectious Disease Prevention
Bureau of Infectious Disease and Laboratory Sciences
Department of Public Health
305 South Street
Jamaica Plain, MA 02130
Fax: 617-983-6990

**LBOH AND TB CLINICAL PROCEDURES:
CLASS B1 TB, PULMONARY, Completed Treatment**

CDC Definition of Class B1 TB, Pulmonary Condition – Completed Treatment

Class B1 TB, Pulmonary: Persons who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy (DOT) prior to immigration.

The Tuberculosis Classification Cover Sheet for persons with a Class B1-TB, Pulmonary – Completed Treatment, condition should indicate if the initial sputum smears and/or cultures were positive and if drug susceptibility testing results are available. The initial overseas medical examination may have been done up to three months prior to departure, but another pre-departure screening may also have been done within three weeks of departure.

LOCAL PUBLIC HEALTH Follow-up:

- 1) **Contact the arrival immediately to introduce the evaluation process.**
- 2) ***All persons with a Class B1 TB, Pulmonary TB, Completed treatment condition need to be evaluated at a state-supported TB clinic.*** Schedule an appointment as soon as possible at the nearest TB clinic for a medical evaluation within 30 days. *Instruct the individual to bring his/her overseas chest radiograph (CXR) and any documents and medications to the appointment.*
 - a. TST or IGRA should be done prior to TB clinic referral if the overseas treatment information is incomplete, or treatment is patient-reported only.
 - b. TST or IGRA is NOT needed prior to TB clinic evaluation if the overseas treatment information is complete (including dates, medication, dosages, DOT, etc).

TB Clinic Follow-up:

- 1) **Review TB treatment history with the patient:** Treatment history may be found on the visa medical examination report (DS-2053) and the Tuberculosis Classification Cover Sheet. Review any overseas treatment with the patient. Document on the CDC “Follow-up Worksheet” only that treatment documented on the DS forms.
- 2) **Perform a physical examination and take a chest X-ray (CXR):** A new CXR should be taken and the patient should have his/her overseas CXR available for comparison. Compare the U.S. CXR to the overseas CXR (if available) with special attention to possible active tuberculosis, and document your interpretation of both CXR’s on the CDC “Follow-up Worksheet.”
- 3) **Collect sputum:** Sputum specimens for acid fast bacilli smear and culture are to be obtained at the provider’s discretion, based on symptoms and clinical and radiographic evaluation.
- 4) **Evaluate overseas treatment:**
 - If adequately treated overseas, any further treatment is at the provider’s discretion.
 - CDC/ATS treatment guidelines available at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>
- 5) **Document the status and any initiation of treatment on the CDC “Follow-up Worksheet.”**

- 6) **Return the “Follow-up Worksheet”:** Send the worksheet with sections C – E2 completed and a copy of the TB clinic forms to the Local Board of Health of the arrival’s town/city of residence. (Note that, per usual protocols, the clinic form is also faxed to MDPH.)

If you have any questions about the evaluation process or forms, please contact the Division of Global Populations and Infectious Disease Prevention (617-983-6970).

**INSTRUCTIONS FOR COMPLETING THE FOLLOW-UP WORKSHEET FOR
REFUGEE AND IMMIGRANT ARRIVALS WITH TB CLASS CONDITIONS:**

The initial evaluation of an arrival with a TB Class condition will be considered complete when:

- ❑ A diagnosis is made (section D3 of the form) based on a complete evaluation and a treatment start date is known for those individuals initiating therapy for active TB disease or latent TB infection, or
- ❑ The provider is unable to complete the evaluation and the reason for this is indicated (section D2).

Section A – Demographic	Will be completed before you receive the paperwork.
Section B – Jurisdictional	
Section C – U.S. Evaluation <ul style="list-style-type: none"> ▪ TST or IGRA ▪ U.S. Review of Overseas CXR ▪ Domestic CXR ▪ U.S. Microscopy / Bacteriology ▪ U.S. Review of Overseas Treatment 	<p>C1 – Indicate date of the initial evaluation</p> <p>C2 – Document the domestic TST date, mm induration (not redness), and interpretation</p> <p>C3 – If you use an interferon-gamma release assay (IGRA), record the date and results.</p> <p>C4 – Arrivals should bring their overseas CXR film(s) with them to their exam. Indicate if arrival provided the overseas CXR for review. Check “Not Verifiable” if you suspect the CXR does not belong to the arrival (e.g. fraudulent or mistaken CXR)</p> <p>C5-6 – Document <u>your</u> (or your radiologist’s) interpretation of the overseas CXR film.</p> <p>C7-10 – Document date and results of domestic CXR.</p> <p>C11 - Compare domestic CXR to overseas film. Document the results of the comparison.</p> <p>C12 –Document if sputum specimens were collected and smear results on the form.</p> <p>C13-17 – Document your interpretation of the overseas treatment based on your review of overseas documents and information provided by the patient.</p>
Section D – Disposition <ul style="list-style-type: none"> ▪ Diagnosis 	<p>D1-D2 – When you are finished with the initial evaluation, indicate the date of your final diagnosis and your treatment recommendation. If unable to initiate or complete the evaluation, indicate the reason.</p> <p>D3 – Indicate final diagnosis according to ATS classification system.</p> <p>D4 – Leave blank. For MDPH use only.</p>

Section E – U.S. Treatment	E1-E2 – Check appropriate box regarding treatment and document start date, if applicable. E3 – Return this information when treatment has ended.
Section F - Comments	Write any additional comments.
Section G – Physician Signature	Sign and date form.
<i>When you have finished the initial evaluation (including disposition) and indicated treatment start date (when applicable), return this worksheet and clinic forms to the local board of health of the arrival's town/city of residence.</i>	

For questions please contact the Division of Global Populations and Infectious Disease Prevention at 617-983-6970.

Evaluated using the CDC's 2009 Technical Instructions.